



Proponency Office for Rehabilitation & Reintegration

Functional Capacity Evaluation Working Group

Information Sheet

Background

The Proponency Office for Rehabilitation and Reintegration (PR&R) is the Army's lead organization for policy, direction, and oversight of rehabilitation and reintegration. It helps bridge the rehabilitation and reintegration information gap among Department of Defense (DoD), Federal, and community organizations and agencies.

The 2008 PUBLIC LAW 110-181-JAN.28, 2008, of the 110th Congress (National Defense Authorization Act [NDAA08]) established precedence about providing care, treatment, and rehabilitation to support recovering Service Members' transition within the Department of Defense or to the Department of Veterans Affairs.

Key to that purpose is a standardized functional assessment to provide concrete input to determinations by Physical Evaluation Boards and Medical Evaluation Boards. PR&R has established a Functional Capacity Evaluation Working Group to develop a model of such a standardized functional assessment that is streamlined and evidence-based to support decision making about recovering Service Members' care and transition.

Functional Capacity Evaluation

- A Functional Capacity Evaluation (FCE) is a detailed examination and evaluation that objectively measures the Soldier's current level of function, within the context of the demands of competitive employment/duty, activities of daily living (ADLs), or leisure activities.
- An FCE measures the Soldier's ability to perform functional or duty/work-related tasks and predicts the potential to sustain these tasks over a defined period.
- FCE results are used to make return-to-duty/work/activity decisions, disability determinations, or to design rehabilitation plans.
- Occupational Therapists and Physical Therapists are licensed professionals trained to perform and interpret outcomes from an FCE.



The Functional Capacity Evaluation program development supports the following **Balanced Scorecard Objectives:**

CS 2.0 Optimized care and transition of Wounded, Ill, and Injured Warriors

CS 3.0 Improved healthy and protected Warriors

IP 7.0 Maximize physical and psychological health promotion and prevention

IP 8.0 Improve quality outcome focused care and services

IP 9.0 Improve access and continuity of care

IP 10.0 Optimize medical readiness

IP 12.0 Implement best practices

IP 13.0 Build relationships and enhance partnerships

LG 18.0 Improve training and development

Strengthening Soldiers for a Lifetime...Army Strong!

Proponency Office for Rehabilitation & Reintegration, Health Policy & Services
U.S. Army Medical Department, Office of The Surgeon General

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FCE Working Group Objectives

1. Review current U.S. Army Medical Command (MEDCOM) medical readiness and functional abilities policies and Physical Disability Evaluation System (PDES) processes.
2. Review current evidence-based practice guidelines for functional capacity testing.
3. Determine baseline criteria for functional and occupational abilities testing and any subsequent rehabilitation (including Work Hardening or Work Conditioning) programs.
4. Develop and standardize functional and occupational performance testing incorporating Common Soldier Tasks and physical demands specific to Service Members' MOS.
5. Collaborate with stakeholders, including but not limited to the PR&R, the Warrior Transition Command (WTC), the MEB/PEB, and the Veteran's Administration (VA) about outcomes measures and outcomes report usage.
6. Pilot the Soldier-specific FCE at pre-determined Army and VA locations.
7. Conduct formal evidence-based research in collaboration with the U.S. Army Public Health Command about Functional Capacity practice; Military Occupational Specialty (MOS) injury rates, reclassification, and recruitment demand; Common Soldier Task application; and comparative Functional Capacity program analysis.
8. Based on the evidence, provide recommendations to update MEDCOM policies, develop new policies, and identify resource requirements as necessary to implement a standardized FCE and any subsequent rehabilitation (including Work Hardening or Work Conditioning) programs.
9. Army-wide implementation of the standardized Soldier-specific FCE.



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